

BAY AREA RAPID TRANSIT DISTRICT

FLOATING HOLIDAY AND VACATION DONATION FORM

Employees who have floating holidays and/or vacation hours available and wish to donate those days/hours to another employee may do so through the use of this form. By submitting this form, you understand your balance of floating holidays and/or vacation hours will be reduced by the hours approved for donation. Section I must be filled out completely and returned to the Time Accounting and Administration Division (TAAD) for processing.

Section - I

Donor Information: (Please print legibly)

Employee (Donor's) Name: _____ Employee (Donor's) ID#: _____

Recipient Information: (Please print legibly)

Employee (Recipient's) Name: _____

Select the type(s) of leave you wish to donate by checking the box next to the leave type and enter the number of holiday(s) or vacation hours you wish to donate:

<input type="checkbox"/>	I wish to donate floating holiday(s)	<input type="checkbox"/>	Number of floating holidays
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<input type="checkbox"/>	I wish to donate vacation hours	<input type="checkbox"/>	Number of vacation hours
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Employee Signature

Date Signed

Section - II Leave Balances – To be completed by TAAD

Employee (Recipient's) ID#: _____

If rejecting the request, please check the reason why:

Recipient is ineligible to receive donation

Donor is ineligible to make donation

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If processing the request, please indicate the hours for payment:

Hours for Processing

Available Vacation Hours:		Available Floating Holidays:	(# of Days)	(Converted Hrs)
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Time Accounting and Administration Representative

Date Signed

Section - III Additional Pay Adjustments – To be completed by Payroll

Additional Pay Type	Hours	Hourly Rate of Donor

Payroll Representative

Date Signed

